MAY 22 2003

EXHIBIT A

K023566

510(k) Summary
CODMAN ISOCOOL Bipolar Forceps

Codman & Shurtleff, Inc.
325 Paramount Drive
Raynham, MA 02767-0350

Contact Person

Elizabeth Dolan
Regulatory Affairs Specialist
Telephone Number: (508) 828-3262
Fax Number: (508) 828-3212

Name of Device

Proprietary Name: CODMAN ISOCOOL Bipolar Forceps
Common Name: Bipolar Forceps
Classification Name: Electrosurgical Cutting and Coagulation Device

Device Classification

Electrosurgical Cutting and Coagulation Device and Accessories are Class II devices per 21 CFR § 878.4400 (79 GEI).

Statement of Substantial Equivalence

CODMAN ISOCOOL Bipolar Forceps are substantially equivalent to Codman Mirror Finish Bipolar Forceps, Seedling Enterprises, LLC, Cool-Tec Reusable Bipolar Electrodes and Cool-Tec Bipolar Electrodes, and Link Technology Non-Stick Bipolar Forceps based on the subject device's similarity to the predicate devices in intended use, materials, design, and principles of operation.

Indications for Use

The ISOCOOL Bipolar Forceps (handles and tips) when used as part of a system including a bipolar electrosurgical generator are indicated for cauterizing, coagulating, grasping and manipulating tissue during general surgery, neurosurgery, ENT surgery, OB/GYN surgery, and maxillofacial/plastic surgery procedures.

Indications for use in OB/GYN surgery exclude contraceptive coagulation of fallopian tube tissue.

Physical Description

ISOCOOL Bipolar Forceps consist of an insulated, reusable handle in irrigating and non-irrigating styles and sterile, disposable tips.

Device Testing

Substantial equivalence for this device was based upon comparison to predicate device characteristics and performance testing. All testing results demonstrated the substantial equivalence of the product to commercially distributed devices for the same intended use.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAY 22 2003

Ms. Elizabeth Dolan
Regulatory Affairs Specialist
Codman & Shurtleff, Inc.
325 Paramount Drive
Raynham, Massachusetts 02767-0350

Re: K023566
Trade/Device Name: Codman IsoCool Bipolar Forceps
Regulation Number: 21 CFR 878.4400
Regulation Name: Electrosurgical cutting and coagulation device and accessories
Regulatory Class: II
Product Code: GEI
Dated: May 1, 2003
Received: May 2, 2003

Dear Ms. Dolan:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97) you may obtain. Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

for Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K023566

Device Name: CODMAN ISOCOOL Bipolar Forceps

Indications For Use:

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(Please do not write below this line - Continue on another page if necessary)

Concurrence of CDRH, Office of Device Evaluation (ODE)

for Mark N Melkerson

(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K023566

Prescription Use ✓ OR Over-the-Counter Use ____
(Per 21 CFR §801.109)